



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Attachment B:

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Director of _____ (name your EMS Agency here). I, _____ (print name), do affirm the following listed equipment has been purchased and placed in service. I, _____ (print name), agree to the following items listed below (type out all items listed in Attachment B add additional rows if needed)."

Item(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
Total Cost of All Items Purchased			

1. Agree to utilize these grant dollars for trauma related services with the 911-zone EMS agency described in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911-zone EMS Agency.
3. Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local 911 EMS Response system.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for CY 2017, the organization agrees to

participate in its respective EMS Region trauma system plan development; all Regional Trauma Advisory Committee meetings; and Automatic Vehicle Location System (AVLS).

5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.
6. Applying organization agrees to provide all data to the Georgia Trauma Commission as requested for this grant program (if applicable).
7. Applying organization agrees to make available, at all reasonable times during FY 2017, the records for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.
8. Applying organization shall preserve and make available its records for a period of five (5) years from the date of final payment under this agreement or for such period (if any) as is required by applicable statute.

Signature of Affiant Date: _____

State of Georgia

County of _____

Signed and sworn to (or affirmed) before me on _____

Date

by _____,

Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

____ Personally Known

or

____ Produced Identification

Type of ID _____

Signature of notary public

(Name of notary, typed, stamped or printed)

Notary Public State of Georgia

My commission expires: _____

Stamp/Seal